

NEW YORK CITY
BOARD OF CORRECTION

July 8, 2014

MEMBERS PRESENT

Gordon J. Campbell, Esq., Chair
Alex Rovt, PhD., Vice Chair
Robert L. Cohen, M.D.
Hon. Bryanne Hamill
Michael J. Regan

Excused absence was noted for Greg Berman.

DEPARTMENT OF CORRECTION

Joseph Ponte, Commissioner
William Clemons, Chief of Department
Ari Wax, Senior Deputy Commissioner
Erik Berliner, Deputy Commissioner
Eldin L. Villafane, Deputy Commissioner, Public Information & Community Affairs
Heidi Grossman, General Counsel
Shirvahna Gobin, Executive Director for Intergovernmental Affairs
Sara Taylor, Chief of Staff
Sean Jones, Deputy Chief of Staff
America Canas, Senior Policy Advisor
Ana Billingsely, Urban Fellow

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Homer Venters, M.D., Assistant Commissioner, Correctional Health Services
Ross McDonald, M.D., Medical Director
George Axelrod, Chief Risk Officer
Sarah Glowa-Kollisch, Director of Policy and Evaluation
Nathaniel Dickey, Special Assistant

OTHERS IN ATTENDANCE

Dahianna Castillo, Office of Management and Budget (OMB)
Albert Craig, Correction Officers Benevolent Association (COBA)
Megan Crowe, Jails Action Coalition (JAC)
Riley Evans, Brooklyn Defenders Services/JAC
Leah Gitter, JAC
R. Heflign
William Hongach, City Council
Jessica Horan-Block, The Bronx Defenders
Terry Hubbard, JAC
Dashone Hughey, OMB, Senior Analyst
Amy Kapoor, Office of the Mayor

Martha King, Senior Policy Analyst, Office of the First Deputy Mayor
Elena Landriscina, Disability Rights NY
Neil Leibowitz, M.D., Director, Mental Health, Corizon
Erica Mason, The Bronx Defenders
Elizabeth Mayers, JAC
Valentina Morales, Mental Hygiene Legal Service (MHLS)
Jake Naughton, NY Times
Rebecca Oyama, The Bronx Defenders
Jennifer Parish, Urban Justice Center/JAC
Jake Pearson, Associated Press
Regina Poreda Ryan, City Council
Beth Powers, Children's Defense Fund
Christine Rivera, MHLS
Nashla Salas, NYC Independent Budget Office (IBO)
Michael Schwartz, New York Times
Raquel Smith, NY Civil Liberties Union (NYCLU)
Jane Stanicki, JAC
Nick Steiner, NYCLU
Candis Tolliver, NYCLU
Gale Weiner, JAC
Michael Winesip, NY Times
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project
Jenny Zon, NY World

The Board meeting commenced at 9:00 a.m. The Chair explained that this meeting and all future open meetings will be video-taped. Video will be available on the Board of Correction (BOC) website at www.nyc.gov/boc. A motion to approve the minutes for the March 11, 2014 Board meeting was unanimously approved.

The Department of Correction (DOC) requested renewal of two variances: (1) renewal of all existing variances for two months and (2) to allow the commingling of adolescent and adult as well as detained and sentenced pregnant RMSC to be housed together for six months because of medical necessity. Both renewals were voted on separately and unanimously approved.

The Chair mentioned that some of these variances will be codified during the rulemaking process. The Department of Health and Mental Hygiene (DOHMH) requested the renewal of the following three variances, each for six months: (1) provide DOC with specific diagnoses related only to injuries sustained by prisoners while in a jail setting; however, the reporting of diagnoses unrelated to an injury remains prohibited from disclosure; (2) use of interferon gamma release assays (IGRA) for tuberculosis screening of new admission male and female inmates; and (3) authorizes psychiatrists to see and evaluate stable adult patients on psychotropic medication in general population at least every 28 days, rather than 14 days. All three renewals were voted on separately and unanimously approved.

Member Robert Cohen, MD asked Correctional Health Services Assistant Commissioner Homer Venters, MD if he had examined whether the unstable patients are actually being seen every 14 days. Dr. Venters assured the Board that they are. Member Bryanne Hamill asked whether any previously unstable patients who became stable and were sent back to general population and seen every month, had to be returned back to a 14 day schedule or returned to a mental

observation unit. Dr. Venters stated that there had been no adverse incidents reported as a result of inmates going from the 14 day cycle to a monthly cycle. The Hon. Bryanne Hamill asked if the original request was made due to a lack of capacity. Dr. Venters responded that in the mental observations areas DOHMH needs more staff, but the other areas have sufficient staff. The request was intended solely to bring care to the community standard level. Member Michael Regan asked if some drugs take time in a person's system before they begin to be effective, and Dr. Venters assured him that only patients who had been on drugs long enough to stabilize were subject to the monthly reviews..

Chair Campbell reported that Judge Hamill will be testifying at the United States Commission on Civil Rights, New York State Advisory Committee hearing focusing on adolescent and young adults and the use of solitary confinement. Mr. Campbell added that Commissioner Ponte and Assistant Commissioner Venters will submit written testimony. The Chair also announced that Judge Hamill will meet with DOC Deputy Commissioner Erik Berliner to discuss the work DOC has been planning regarding the sixteen and seventeen year olds. At the September Board meeting, DOC will report on the adolescents and young adult plans.

Executive Director Cathy Potler gave the following report on rulemaking: Dr. Cohen, the Chair of the Adult Rulemaking Committee, and Judge Hamill, the Chair of the Adolescent and Young Adult Rulemaking Committee, have been busy touring the jails. Dr. Cohen recently visited the Central Punitive Segregation Unit (CPSU) and Judge Hamill spent many hours at RNDC, CPSU 4 South, and at the Mental Health Center at AMKC. Vice Chair Alexander Roth toured RNDC examining the adolescent housing areas and the school. Over the last several months, both committees also held meetings with stakeholders. One focused on restorative justice and how it can be applied in a jail setting to mediate disputes. A second meeting was held with two professors from CUNY Law School who discussed due process and the disciplinary process. After more than three months of stakeholder meetings, both the Deputy Executive Director Amanda Masters and I are drafting the proposed rules. We will continue to meet with stakeholders as we proceed with drafting.

Ms. Potler discussed the very successful public forum held by the Board on June 12th at CUNY Law School on Punitive Segregation Reform: A National Perspective. The forum focused on national punitive segregation reforms, especially for vulnerable populations, that also maintained the safety and security of correctional facility staff and inmates. The presenters included Jane Lovelle, LCSW, Deputy Director of Jail Behavioral Health Services & Co-Director of the Intern Training Program, San Francisco County Jails; Michele Fisher, Facility Commander, San Francisco Sheriff's Department; Joseph Ponte, Commissioner of NYC Department of Correction and former Commissioner of Maine's Department of Corrections; and Richard Dudley, MD, forensic psychiatrist. The forum webcast is posted on our website.

Ms. Potler asked Dr. Cohen and Judge Hamill if they had anything that they wanted to add to her report. Judge Hamill stated the following: she commended the Commissioner and his team for the tremendous improvements she has observed during her tours of RNDC. She spoke with four youth who had been in RHU, but were transferred to CPSU. One of them was receiving no medicine, and none were receiving therapy. Ms. Potler concluded by stating that a report would be available on our website in the next month regarding access to recreation for inmates in the CPSU. The Chair thanked the Board members for all of their work.

The Chair discussed in detail the transfer of 30 inmates on the weekend of June 13 and 14, and referred to his June 20, 2014 letter he had sent to the Commissioner about these events. The Chair explained that very late on Friday night June 13th the Commissioner decided to transfer 47

inmates from seven jails to a new punitive segregation housing area, 5 North, in the CPSU where they were placed in 23-hour a day lock-in. The Board learned that many of these inmates were on a long-standing wait list of 700+ inmates who had been identified as having an infraction or owed time, but there were no exigent circumstances identified that would have triggered these transfers.

Referring to the letter, the Chair discussed the authority of the Board as stated in the City Charter “to establish minimum standards for the care, custody, correction, treatment, supervision and discipline of all inmates.” Chair Campbell read from the letter that “...these Minimum Standards were written and amended with the collaboration of the Departments of Correction (DOC) and Health and Mental Hygiene (DOHMH) as well as the Mayor’s office, the Office of Management and Budget, contracted health care providers, Health and Hospitals Corporation, and interested parties. Once promulgated by the Board, the Standards became the rules and regulations of the City of New York.”

Chair Campbell added that the Board’s concern was that there were a number of serious violations of the Standards when 47 inmates were determined to be moved to a new punitive segregation area, and DOHMH did not have an opportunity to evaluate the inmates prior to the transfer, pursuant to Board Standards. DOC made the decision to transfer these inmates without seeking clearance from mental health or medical staff, which is a violation of Standards. Many of the inmates who were transferred missed several doses of their medication. 17 of the 30 inmates who were ultimately transferred to punitive segregation were determined to be ineligible for placement there because of medical and mental health diagnoses. Those 17 inmates were eventually moved to the appropriate housing area, after almost a week. Additionally, there were initially no Observation Aides assigned to 5 N, which is a violation of the Standards. The Chair thanked Commissioner Ponte for sending a letter in response to the concerns, and asked him to speak about the activities of that weekend, and to his thoughts going forward.

Commissioner Ponte responded as follows:

He had heard at a City Council hearing that 600 or so people were waiting in a backlog to go to punitive segregation. His understanding was that this was a mix of inmates with a mentally illness and those without. Upon investigating the matter, he learned that the number was closer to a thousand, and that these inmates were in general population. Many of them were there for very violent infractions. He asked the Chiefs to look for the inmates among the backlog who were “at the highest risk of causing harm to themselves or others,” and to move those inmates to a secure unit. DOC notified DOHMH that this was being done, and added a significant number of staff to make sure that there was good oversight of the process. The issue that is still on the table is that DOC does not have, and has not had for more than five years now, a plan to have an impact on the level of violence at Rikers Island. DOC now has additional funds budgeted, which will have an impact. But there is an urgency to act. Violence has been rising for five years, and more in the past two years. Ponte is looking to the BOC for ideas about how to stop the violence. He added that DOC cannot sit back and allow the violent incidents to continue to occur. It is not a question of identifying the perpetrators who are likely to engage in violence, the issue on the table is how to create the secure environment.

Board member Rovt stated that the Commissioner should have ideas about how to solve the violence. Our role is to be a check on the system, and we can offer opinions on what is working or not, but it is the responsibility of the Commissioner to solve the Department’s violence problem. He added that the Commissioner had mentioned twice that the violence is increasing, and that is why he is here – to solve these problems.

Commissioner Ponte responded that the rule-making process impacts what the Department can do. It is “a hand in hand.” The Board does impact DOC operations, and DOC will bring plans to the Board in September regarding how DOC will use its budget.

Judge Hamill acknowledged that Commissioner Ponte comes to New York with a track record of innovation. However, she asked him if he was aware that the Minimum Standards, which he had violated, have the full force and effect of City law. It is not discretionary.

Judge Hamill asked the Commissioner whether it was the case that the Mental Health staff did not do their work to clear the inmates, or was it the case that the mentally ill inmates had been screened and were not cleared and were in fact located in mental health housing, and you chose to put them in punitive segregation regardless of mental health not clearing them. Commissioner Ponte stated it was “a little of both.” He added that capacity was the key issue. Most of the inmates on the waiting list have some level of mental illness. However, they may well be cleared to go to normal segregation. The bigger issue is capacity.

Judge Hamill asked Commissioner Ponte whether he questioned the competence of the assessments and treatment by Corizon health staff. He responded by stating that DOC did respond to the assessments that Corizon did by removing people from segregation.

Judge Hamill asked Commissioner Ponte whether the inmates who were moved to segregation had recently committed dangerous infractions, and recently been sentenced, or did they get moved to serve owed “old” time from previous incarcerations. The Commissioner responded that “old” time is a topic for another discussion. He would like to focus on the DOC effort to separate the truly dangerous people from the population and staff. Judge Hamill asked whether Commissioner Ponte was aware that mental health staff must be allowed to participate in the infraction hearings, and was he aware of whether or not that is actually being done. He responded that he does not think that is a problem. He said it is not unusual for inmates to get assistance because of their mental illness or educational barriers during the hearings.

Dr. Cohen stated that the Board letter to Commissioner Ponte expressed concerns about specific areas of City law and violations of BOC Standards. He noted that the Board is aware that DOC knew of the violations, that BOC staff was talking to DOC’s Commissioner staff on Friday night when the moves were first proposed, and it was very clear that this was a violation of City law, and yet the Commissioner’s staff continued to carry out the actions described in the BOC letter. Dr. Cohen asked the Commissioner the following series of questions:

- Was he aware that 15 of the 29 mentally ill people who were transferred to punitive segregation were taken directly out of mental observation units? Many were in the most intensive mental health observation in C-71, yet they were moved against specific orders from mental health staff? The Commissioner replied that was not aware of that specific conversation.
- Whether he was aware that 12 were Seriously Mentally Ill (SMI)? That they should have been in CAPS units? That they were on antipsychotic medication and at risk for death if not placed in heat-sensitive housing during the summer? These men were removed from air conditioned mental health units and taken to 5 North, which was not air conditioned. Commissioner Ponte stated that he was not aware of that, but that he does understand the law on air conditioning for heat sensitive inmates.

- Whether the Commissioner was aware that in the absence of an emergency, that the mental observation unit admission and discharge is determined by mental health staff? This is required by BOC regulations. Commissioner Ponte stated that he was not aware that anyone was discharged – only that they were moved.

Dr. Cohen stated that having worked on Rikers Island for a number of years, he is aware that these special units have admission and discharge processes and discharge planning. One of the reasons the Mental Health Standards exist is that years ago people were moved from these units without those processes. He also noted that moving inmates this way seems inconsistent with the kind of mental health units the Commissioner has said he would like to run.

Dr. Cohen asked whether Commissioner Ponte was aware that some of these inmates had serious medical problems, including seizure disorders, and that one of the inmates did have a seizure as a result of the move. He responded that he was not aware of that but had become aware an inmate had a seizure. He pointed out the seizure might have been caused by the movement, or by the lack of medication during the move.

Vice Chair Rovt noted that Commissioner Ponte answered a number of questions by saying that he was not aware. He pointed out that Commissioner Ponte should be aware what his staff is doing, and in the future, the person in charge should be aware.

The Chair discussed the next agenda item, which was violence reduction. The City has funded six intensive supervision maximum custody units. 250 inmates will be housed in them. The Chair asked Commissioner Ponte to describe the concept and focus on the assessment of who belongs in the unit, and how the 14 hour lock-out will be achieved.

The Commissioner responded as follows: Separation, including tier to tier separation within a housing unit, increases safety. He is planning enhanced staffing for these units. The policy will be more restrictive housing for the inmates who have been identified as the most dangerous. The Department is also re-examining the classification system. DOC does not know at this early stage, specifically which variances will be requested of the Board. The staffing ratio will go to four officers per housing unit, with 50 inmates. Programs will also be added in these units.

The Chair asked whether this would be implemented incrementally. The Commissioner said they will roll it out one unit at a time. The Chair also stated if the Commissioner is working with Elizabeth Glazer and the Department of Health around the risk assessment piece. He responded that the Department already has classification tools, but the tools need to be re-examined. Dr. Cohen stated that the budget request did not include any requests for funding of programs. He asked whether a request had been made. Assistant Commissioner Erik Berliner answered that mandated services will be funded. Dr. Cohen stated that he understood programs to mean additional programming to reduce idleness, anger management training and the like. He did not take it to mean merely not violating the Standards on access to medical care and the like. Commissioner Ponte stated that new programs will not have a substantial cost.

Dr. Cohen stated that the Board will be issuing a report soon which shows that fewer than ten percent of inmates in punitive segregation currently get meaningful access to recreation in the CPSU. He asked if any plans were made to ensure access to recreation in the new units. The Commissioner responded that, yes, it is part of the overall policy. Dr. Cohen asked how many hours inmates would be allowed out of their cells. Commissioner Ponte stated that it comes down to how much separation is needed. If we have a need to segregate within a housing unit, then we would split the day, and let half the unit out at a time. Half would be out for five, and half out the

other five. But he does not really know the answer yet, until they determine which inmates are in the group. Dr. Cohen asked whether there would be due process. The Commissioner responded that the policy had yet to be written, so legal counsel had not been asked that question.

The Chair discussed eight-hour training on mental health for all staff. He stated that training is important, but the Board strongly encourages the Commissioner to think about training a smaller section of staff and following the Crisis Intervention Training (CIT) model, which he had adopted in Maine.

Chair Campbell asked Commissioner Ponte to explain what sort of variances he may be seeking regarding discipline. He explained that he would like to be able to use positive and negative consequences to affect inmate behavior. He added that there are some sanctions, like loss of commissary or recreation that an inmate might agree to. These are typically agreed to by both the inmate and officer, they are quick, and agreed to swiftly, and they empower the officer to effect discipline right then. If the inmate will not agree, then due process hearings would happen. The other piece is positive enforcement, when the unit is well-behaved and clean, then inmates should be rewarded with more visits, more recreation, and the like. We will develop these policies and share them with the Board. Commissioner Ponte agreed with the Chair that a supervisor would sign off on the punishment.

The Chair asked about the 9 p.m. early lock-in and how the Department would achieve the 14-hour Lock-out time. The Commissioner responded that a lot of violence happens after 9 p.m. A quarter of the slashings occur between 9 and 11 p.m. The Chief of the Department added that inmates will lock out at 5 a.m., and will remain locked out until 9 p.m. The first week in August, the lock-in will be rolled out one facility at a time. The Department will tell the inmates via inmate council meetings and notice.

Commissioner Ponte explained that weapons and drugs are found in incoming property, including clothes. If the Department reduces the amount of clothing coming in, it can reduce contraband. DOC now has the funding to purchase enough uniforms for everyone, and will roll out uniforms a facility at a time.

Dr. Cohen added that the Minimum Standards have allowed uniforms. Two facilities, for the sentenced poisoners and juveniles, have worn uniforms for some time. He asked if that had reduced violence. Commissioner Ponte responded that the sentenced facility is not problematic. The Chief stated that having uniforms on the adolescents has reduced violence.

Judge Hamill added that she understands the need to reduce violence, because it has escalated and is “completely out of control”. When she was visiting juveniles at OBCC and RNDC on July 1, 2014, both facilities were locked down because of slashings. In the DOC letter last night, the Commissioner stated gang violence was high. She asked Commissioner Ponte to explain his plan to reduce the gang violence.

He responded “violence is violence” and gang members are sometimes involved in violence that is not really driven by gang membership. It is necessary to “drill down” to find out what is really happening. DOC is revamping the gang unit “from the ground up.” The prior Commissioner studied this problem, and DOC is implementing the findings now. We try to balance the power in the units, and not allow one strong gang member to throw off the balance of power.

The Chair noted that the Board members have read about the investigations of the Department of Investigation in news media, and the Chair asked the Commissioner to explain what action he

may be taking. He asked whether staff will be searched. The Commissioner explained it had been a long ongoing investigation. The Department is generally not aware -- until being briefed just prior to something happening.

Chair Campbell asked DOHMH to report on the Clinical Alternative to Punitive Segregation (CAPS). Dr. Venters stated that there are 19 Mental Observation Units (MOUs) in the City jail system for very mentally ill inmates. DOHMH will improve the level of care in these MOUs. By taking four of these MOUs and making them more akin to CAPS units, DOHMH found that CAPS works well because of the more robust staffing and programming. The Department will increase the amount of psychologists on the floors. Two of the units will be for the very mentally ill, who may be sent to Bellevue and come back to Rikers. The other two units will be for people who are very ill, but who have a behavioral disorder, in other words, people who act out a lot and create friction. These patients are harder to treat and do not respond to medication the way a psychotic person would. Dr. Venters believes having a special unit for these problematic patients will improve the level of care they receive. It will also alleviate the friction on other MOUs.

Dr. Cohen asked about the current staffing levels and leadership in the MOUs, and whether Corizon's performance is sufficient to meet urgent needs of mentally ill patients. Dr. Venters responded that mere staffing levels will not fix the problem; they actually have remarkably high staffing ratios compared to other jurisdictions. What DOHMH has observed is that multiple staff will be on the unit during the day, each doing a piece of the work. But there is not a single person with the kind of investment in the unit that comes from being the person ultimately responsible for the unit. Having a single person who is incentivized to catch the problems early requires a reconfiguring of responsibility. Registered Nurses (RNs) will also be added to the staffing matrix. DOHMH has also secured lines for leaders at DOHMH who will help run the units.

Dr. Venters further explained that there is an expectation that the census of CAPS will increase. Initially, we learned that the dorm setting was not optimal – patients were not comfortable without the option to separate from people with whom they have a conflict. The Restrictive Housing Units (RHUs) have been the subject of active discussions. Dr. Venters stated that the challenge of the RHU is that we are trying to punish and improve behavior at the same time. We need to figure out how to uncouple the punishment from the behavior modification. This is a big challenge. Commissioner Ponte added that treatment can take into account safety. Revising the model – after we have more units to separate people – should function well. The issue is bringing people up to where the need to be through treatment. DOC hopes for something that is treatment focused, but also allows for isolation time. The Chair said the issue will be on the agenda for the next Board meeting.

Judge Hamill asked how people who are housed in the RHU can be discharged to punitive segregation in the CPSU, which she has observed. Dr. Venters replied that one of the problems with the model is that punishment is combined with behavior therapy in the RHU, but the inmates with the most difficult behavioral challenges would get bounced out of the RHU and sent to regular punishment. From a clinical standpoint, those are the patients that need the most treatment. Part of the rethinking of the model is to engage the patients in the therapy in the absence of punishment. Safety can be maintained – but safety should not be conflated with punishment.

Chair Campbell asked where the mentally ill inmates at 12 Main at GRVC will be housed. Deputy Commissioner Berliner explained that the long-term plan is to house these inmates at the West Facility. It is a secure area, where inmates cannot get at one another, but will facilitate access to care.

Dr. Cohen noted that the new 250 bed unit would be specifically funded to include doors with food slots. Since those slots are normally used in solitary confinement areas, Dr. Cohen asked Commissioner Ponte for his rationale. He explained that given the population that would be housed there, it was expected that there could be incidents that happen where inmates need to be locked in. Thus, the food slots would be necessary.

Executive Director Cathy Potler asked how the Department plans to improve the handling of property, given the long term complaints from inmates about their difficulty in receiving their property. Commissioner Ponte explained that there is a high volume of personal property, and the Department will try to reduce the amount of property people are bringing in, and keep it centrally. Valuable property will be kept centrally. The Department believes that a central location will fix most of the problems, and should be implemented by October 2014.

Ms. Potler went on to ask the Commissioner how DOC would correct the non-compliance with minimum standards violations concerning lack of Observation Aids (OA). Chief of the Department Clemmons stated that the Department has 544 OA posts, and some new hires have been made. A teletype has also been issued to the effect that OAs may only be used for suicide prevention, and no other duties. If an OA is not working on the floor, then that issue will be escalated to the warden level. Clemmons assured the Board it is a high priority.

The Chair stated that the Board has had a number of conversations about the housing of adolescents to comply with PREA and New York State Correction law. He commended the Department for its handling of the situation. Commissioner Ponte stated that 1300 people fall into a 18-21 year old cohort, and they are looking at getting this subset of people access to greater programming, and possibly housing them together in one facility. Deputy Commissioner Berliner added that the cohort makes sense because of the size, and also because they share characteristics such as an entitlement to educational services.

Judge Hamill raised a question about the miscommunication to eighteen year olds recently that they would be moved in the short term. She asked for clarification about the timing of plans. Deputy Commissioner Berliner explained that the strategy has evolved over the summer. The plan is to keep the 16 and 17 year olds at RNDC. For now, the 18 year olds will be kept as separate as possible, and eventually an 18-21 year old cohort will likely be in another facility.

Mr. Berliner also discussed the new housing areas planned for transgender inmates in NIC Main. Most of the transgender inmates are male transitioning to female, and so that the group of 30 will be in a new housing area. DOC is still writing the policy, which will be in place before the unit opens.

Ms. Potler described the diminished use of the nursery program, and asked whether DOC has any plans to increase its utilization. Commissioner Ponte explained that the denials have been reviewed, and in the future denials will be examined critically. Mr. Berliner pointed out that the size of the population of female inmates has decreased over the years, and that accounts for some of the decline in use. However, DOC is working to make the nursery more hospitable. Dr. Venters pointed out that the nursery is one of the most restorative aspects of Rikers, and the obstacles to admission must be addressed and overcome. The impact on families is huge. Dr. Cohen pointed out that the reasons people are rejected do not all seem valid, and the presumption ought to be retaining the child. Judge Hamill asked whether a mother not breast-feeding is still a reason to be denied admission to the nursery. Mr. Berliner explained that the long standing policy of requiring breast feeding as a pre-requisite to admission came about because the program

is not just for babies born in custody, but also for mothers who have given birth within one year prior to coming into custody.

The public forum portion of the meeting consisted of six speakers:

Leah Gitter, Jails Action Committee (JAC)

Leah Gitter spoke about the lack of treatment and services for people with mental illness in the community, and how that lack of resources leads to more people being admitted to Rikers. She was dismayed by the 32.5 million dollars going to DOC ostensibly for mental health services, when it is the community that really needs the funding.

She stated that blaming the violence at Rikers on the mentally ill inmates is unfair. She suggested that lawsuits concerning violence and recent deaths should be examined. She called for more transparency, and for DOC to listen to family members of people with mental illness about what they go through on Rikers Island.

Deandra Khan, New York Civil Liberties Union (NYCLU)

Deandra Khan is an organizer at the NYCLU. The NYCLU urges the Department to immediately stop placing the mentally ill, disabled, and juveniles in solitary confinement, and to use solitary only when it is absolutely necessary for safety. Reforms like these are already underway in New York State, due to a lawsuit by the NYCLU. Ms. Khan urged the BOC to report on data concerning solitary confinement to increase transparency. This data is critical for evidence-based reforms. She explained a bill pending at City Council to force DOC to collect and report on data. She encouraged the BOC to work with City Council on efforts to increase transparency.

Jennifer Parrish, Urban Justice Center (UJC)

Jennifer Parrish expressed concern about DOC unilaterally moving inmates with mental illness to punitive segregation cells, against the orders of DOHMH. As a first act of this new administration, it is very disturbing that DOC would so flagrantly violate many of the minimum standards, especially since they are responsible for holding other people accountable to rules.

Ms. Parrish also noted that many of the new DOC initiatives being planned would violate the standards, and she expressed hope that the BOC would be transparent about these events, and hold DOC accountable for their actions.

Maria Lopez, Strategic Transgender Alliance for Radical Reform (STARR)

Maria Lopez stressed that the Commissioner should listen to the transgender community about their experiences on Rikers Island, especially in light of existence of the Prison Rape Elimination Act (PREA). Ms. Lopez stated that the Commissioner's ignoring her while she speaks is emblematic of what happens when the topic turns to transgender people and people stop listening. She stated that she has been in Rikers Island, where she was treated like a man and housed with men, despite her transition to female. She is disturbed that she still gets calls from Rikers about women being strip searched by men, and she demanded that the Commissioner fix this serious problem.

Valentina Morales, Mental Health Legal Services (MHLS)

Valentina Morales worked to advocate for the nursery program in the past, before working at MHLS, and pointed out that litigation has clarified that DOC should be using the "best interests of the child" standard to determine who has access to the nursery program. The presentation today showed that DOC is improperly using single disqualifying factors to take children away from their parents, which is illegal.

Ms. Morales had a client who participated in the nursery program and it was such a transformative experience for her that she is now living in the community with custody of her child, and is doing exceptionally well. She had initially been rejected from the nursery program due to her felony charges. However, with the benefit of the parenting skills she learned in the program, she has been able to provide for her child in ways that her own parents never did for her, and she has not been rearrested since her release almost two years ago.

Milton Zelermeyer, Legal Aid Society Prisoners Rights Project (LAS PRP)

Milton Zelermeyer thanked the Board for establishing a comment period at public meetings. He expressed concern that after hearing the letter to the Commissioner which stated that a number of minimum standards had been violated, the Commissioner's response did not mention the standard's at all. The dominant theme of the letter read by the Chair set first the concerns and which standards had been violated. The Board did not request any specific action of the Department and LAS believes letters of that type should demand remedial actions.

A motion to adjourn the meeting was unanimously approved at 10:50 a.m.